



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 12, 2025

Kimberly Wozniak, Licensee Designee  
Wyoming Care Operations, LLC  
1435 Coit Ave NE  
Grand Rapids, MI 49505

RE: License #: AL410418564  
**Wyoming Woods #1  
Suite1  
2466 Waldon Woods Dr. SW  
WYOMING, MI 49519**

Dear Ms. Wozniak:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The license is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads 'Arlene B. Smith'.

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AL410418564
<b>Licensee Name:</b>	Wyoming Care Operations, LLC
<b>Licensee Address:</b>	1435 Coit Ave NE Grand Rapids, MI 49505
<b>Licensee Telephone #:</b>	(616) 900-9717
<b>Licensee/Licensee Designee:</b>	Kimberly Wozniak, Designee
<b>Administrator:</b>	Rebecca Jiggins
<b>Name of Facility:</b>	Wyoming Woods #1
<b>Facility Address:</b>	Suite1 2466 Waldon Woods Dr. SW WYOMING, MI 49519
<b>Facility Telephone #:</b>	(616) 900-9717
<b>Original Issuance Date:</b>	08/13/2024
<b>Capacity:</b>	14
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 6  
No. of residents interviewed and/or observed 10  
No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. They do not manage any resident monies.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒  
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.  
They did not have any.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? N/A ☐
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

#### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

*Arlene B. Smith*

02/12/25

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Arlene B. Smith  
Licensing Consultant

Date